



Senate Fiscal Agency
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BILL



ANALYSIS

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House Bill 5810 (Substitute S-1 as reported)
Sponsor: Representative Hank Vaupel
House Committee: Health Policy
Senate Committee: Health Policy

CONTENT

The bill would amend the Mental Health Code to do the following:

- Modify all references to "alternative treatment" to "assisted outpatient treatment".
- Revise the definition of "person requiring treatment".
- Require a court order for a peace officer to transport an individual to a court-ordered examination to be executed within 10 days of its entry.
- Require a preadmission screening unit or hospital to complete an examination upon an individual's arrival and to release the individual after its conclusion, unless the medical professional found the need for immediate hospitalization.
- Revise the number of medical professions required to testify to find an individual to be a person requiring treatment.
- Revise the allowed duration of a deferral period for a hearing to determine if an individual were a person requiring treatment.
- Require a psychiatrist to supervise the preparation and implementation of an assisted outpatient treatment plan.
- Revise the duration of time allowed for initial and subsequent court orders of treatment for an individual found to be a person requiring treatment.
- Require the decision to release an individual from assisted outpatient treatment program to be a clinical decision made by a psychiatrist.

Under the Code, "assisted outpatient treatment (AOT)" means the categories of outpatient services ordered by the court under the Code. Under the bill, assisted outpatient treatment could include, among other things, case management services to provide care coordination.

MCL 330.1100a et al.

Legislative Analyst: Tyler VanHuyse

FISCAL IMPACT

The bill would have an indeterminate negative fiscal impact on the Department of Health and Human Services (DHHS) and no impact on local units of government. Under current law, the Mental Health Code require the State to pay 90% of the annual net cost of a community mental health services program (CMHSP), subject to appropriation by the Legislature (MCL 330.1308). The bill would add Section 308a, which would place all costs resulting from an increase in the number of persons requiring treatment after the effective date of the bill on the State. Because the bill would allow the use of assisted outpatient treatment as an alternative to hospitalization, but would not mandate the use of assisted outpatient treatment, it would be left to the individual CMHSP to determine its level of investment in assisted outpatient treatment, if any. To the extent that this bill would result in an increase in CMHSPs choosing to provide assisted outpatient treatment, it would present an increased cost to the State, but would not result in increased costs for local units of government.

Additionally, the bill would expand the definition of a person requiring treatment as well as what constitutes an emergency situation, which would result in an expansion of the population of people meeting the requirements for court-ordered assisted outpatient treatment. As with any expansion of a population eligible to receive services, this would result in increased costs for the State. However, due to the addition of Section 308a, all costs would be borne by the State.

Date Completed: 12-13-18

Fiscal Analyst: Ellyn Ackerman